

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000004610

FILED  
Feb 26, 2009  
Secretary of State

Entity Name: LOCKUP DEVELOPMENT CORPORATION

## Current Principal Place of Business:

800 FRONTAGE ROAD  
NORTHFIELD, IL 60093

## New Principal Place of Business:

## Current Mailing Address:

800 FRONTAGE ROAD  
NORTHFIELD, IL 60093

## New Mailing Address:

FEI Number: 36-3326994

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete  
Name: SOUDAN, ROBERT A  
Address: 110 SHERIDAN ROAD  
City-St-Zip: WINNETKA, IL 60093

Title: V ( ) Delete  
Name: SAMPLE, CHARLES F  
Address: 50 QUAIL LANE  
City-St-Zip: HYANNIS PORT, MA 02647

Title: SD ( ) Delete  
Name: SAMPLE, CHARLES W  
Address: 706 COUNTRY LANE  
City-St-Zip: GLENCOE, IL 60022

Title: V ( ) Delete  
Name: SOUDAN, ROBERT A JR.  
Address: 1120 SKOKIE RIDGE DRIVE  
City-St-Zip: GLENCOE, IL 60022

Title: V ( ) Delete  
Name: HIELSCHER, RICHARD B  
Address: 1468 SCOTT AVE  
City-St-Zip: WINNETKA, IL 60093

Title: AS ( ) Delete  
Name: GAIL, SANFORD R  
Address: 7921 LYONS  
City-St-Zip: MORTON GROVE, IL 60053

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT A SOUDAN

PTD

02/26/2009

Electronic Signature of Signing Officer or Director

Date